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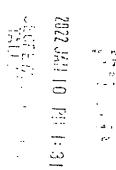
(Requestor's Name)
(Address)
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COVER LETTER

TO: Registration Section Division of Corporations		
IST INTEGRATED SYSTEMS	TECHNOLOGY LIMIT	ED LIABILITY COMPANY
SUBJECT: No	ame of Limited Liabi	lity Company
Dear Sir or Madam:		
The enclosed Statement of Termination	and fee(s) are submit	ted for filing.
Please return all correspondence concer	ning this matter to the	e following:
ARLEY RAMOS		
Name of Person		
ST INTEGRATED SYSTEMS TECHNOLOG	Y LIMITED LIABILITY	
Firm/Company	·	
2611 SW 112th Ct		
Address		
MIAMI, FL 33165		
City/State and Zip Code		
ISTINTEGRATED@GMAIL.COM		
E-mail address: (to be used for future a	annual report notifica	tion)
For further information concerning this	matter, please call:	
Arley Ramos	at (305	Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section Division of Corporations
Division of Corporations P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E141 (2/14)

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7). Florida Sta	tutes, I hereby submit the following Statem	nent of Termination:
FIRST: The name of the limited liability co	ompany is: TST I hegrated S	sustems
Technology, LLC		7
TECHNOTOGIC, CCC		
SECOND: The Florida Document number	of the limited liability company is: <u>L 15</u>	000119440
THIRD: The date of filing of the initial arti	cles of organization is: 07 10 2015	
FOURTH: The date of filing of the dissolu	tion is: 08/10/2021	·
FIFTH: This limited liability company has that it will file a statement of termination.	completed winding up its activities and aff	airs and has determined
- Carlo	- ARLEU RAHOS	
Signature of Authorized Representative	Typed or printed name of signature	1995 JAN 10
	Filing Fee: \$25.00	0
Certi	fied Copy: \$30.00 (optional)	10 11 23
CR2E141 (2/14)		